S. No. 300
M—10-47
v. 5-17-39
I 3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 1041

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16398

Primary Registration District No. 1002

Registrar's No. 2107

1. PLACE OF DEATH:

(a) County: JACKSON

(b) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 12 DAYS
In this community: 28 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: MISSOURI (b) County: JACKSON

(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 1909 E. 16th STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME: ACE JORDAN

3. (b) If veteran, name war: No

3. (c) Social Security No.: 490-16-4836

4. Sex: MALE 2

5. Color or race: NEGRO

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: KATIE JORDAN

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: JUNE (Month) 14 (Day) 1890379 (Year)

8. AGE: Years 57 Months 11 Days 21 If less than one day: hr. min.

9. Birthplace: SHREVEPORT (City, town, or county) LOUISIANA (State or foreign country) 1

10. Usual occupation: LABORER

11. Industry or business:

FATHER
12. Name: FRANK JORDAN
13. Birthplace: (City, town, or county) LOUISIANA (State or foreign country) 1

MOTHER
14. Maiden name: GEORGIA JEFFERSON
15. Birthplace: (City, town, or county) LOUISIANA (State or foreign country) 1

16. (a) Informant: KATIE JORDAN (WIFE)
(b) Address: 1909 E. 16TH STREET

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: Watkins Bros
(b) Address: 1729 Lydia

19. (a) 5-19-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15, year 1948 hour 12: minute 55 P. M.

21. I hereby certify that I attended the deceased from MAY 3, 1948, to MAY 15, 1948; that I last saw him alive on MAY 15, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: TERMINAL BRONCHO-PNEUMONIA — Duration

Due to: BENIGN HYPERTROPHY OF PROSTATE

Due to:

Other conditions: --
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 107

Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work: (e) Means of injury: 0

Signature: [illegible] (M. D. or other)

Address: GENERAL HOSPITAL NO. 2 Date signed: 5/17/48

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Bruce Riley

Licensed Embalmer No. ~~[illegible]~~ 4500

P. O. Address 2506 Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.